

OFFICE OF ADMINISTRATIVE OPERATIONS  
 QUALITY, OUTCOMES, AND TRAINING DIVISION – QUALITY IMPROVEMENT UNIT  
 COUNTYWIDE QUALITY IMPROVEMENT COMMITTEE (QIC)

MEETING MINUTES  
September 2024

<b>Type of meeting:</b>	Monthly QIC Meeting	<b>Date:</b>	September 16, 2024
<b>Location:</b>	Microsoft Teams	<b>Start time:</b>	9:00 AM
		<b>End time:</b>	10:50 AM
<b>Recording:</b>	<a href="#">Countywide QI Council Meeting-20240916 - Sep 24th, 2024 (granicus.com)</a>		
<b>Members Present:</b>	See Table Below		
<b>Agenda Item</b>	<b>Presentation and Findings</b>	<b>Discussion, Recommendations, and/or Needed Actions</b>	<b>Person(s) Responsible</b>
<b>I. Welcome and Introductions</b>	Dr. Kara Taguchi welcomed everyone and reviewed the meeting minutes from last month. Everyone was asked to complete the attendance survey.	If there are any edits needed for last month’s meeting minutes, please email DMHQI@dmh.lacounty.gov	Dr. Kara Taguchi
<b>II. Quality Improvement Updates</b>	<p>Stacey Smith stated this month will be the last time the Service Area QICs will be held. We will be transitioning to quarterly Regional QICs which are scheduled around QI activities: Work Plan, Consumer Perception Survey (CPS), Quality Assurance Performance Improvement (QAPI), and External Quality Review Organization (EQRO). The dates are as follows:</p> <ul style="list-style-type: none"> <li>• North RQIC (SAs 1-4): 10/17/2024 from 1:30pm-3:00pm.</li> <li>• South RQIC (SAs 5-8): 10/24/2024 from 11:00am-12:30pm.</li> </ul>		Stacey Smith Dr. Daiya Cunnane

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	<p>QI is currently working with Substance Abuse Prevention and Control (SAPC) on integrating QAPI for 2023 to be completed by December 2024. The Work Plan for 2025 will be integrated with SAPC and submitted to the State by March 2025. By 2026, Countywide QICs will also be integrated.</p> <p>New posting are available on our QI website <a href="https://dmh.lacounty.gov/qid/">https://dmh.lacounty.gov/qid/</a> :</p> <ul style="list-style-type: none"> <li>• QAPI 2022</li> <li>• Consumer Satisfaction Outcome Report 2023</li> <li>• Consumer Satisfaction Summary 2023 one-page handouts</li> </ul> <p>Please refer to attachment QI Update CW QIC.PDF</p>		
<p><b>III. Client Satisfaction with American Sign Language (ASL) Interpretation Update</b></p>	<p>Dr. Sandra Chang stated that the ARDI division is now ARISE Division (Anti-Racism, Inclusion, Solidarity, and Empowerment).</p> <p>Programs include:</p> <ul style="list-style-type: none"> <li>• Cultural Competency Unit and Cultural Competency Committee</li> <li>• Language Assistance Services (LAS) Unit</li> <li>• Underserved Cultural Communities (UsCC) Unit and seven UsCC subcommittees</li> <li>• Promoters de Salud and United Mental Health Promoters</li> </ul>	<p>Dr. Kara Taguchi asked if it's challenging for a client to request the same interpreter.</p> <p>Dr. Sandra Chang shared that with sufficient time the same interpreter can be requested by client. It is encouraged to provide lists months ahead of client appointments to coordinate.</p> <p>Stacey Smith inquired about sign languages from other countries and if interpreters are available.</p>	<p>Dr. Sandra Chang</p>

	<ul style="list-style-type: none"><li>Spanish Support Groups</li></ul> <p>Dr. Sandra Chang shared update on Client Satisfaction with ASL Interpretation. Data was collected on 7 key areas on Consumer Satisfaction for ASL Interpretation. For fiscal year 2023-2024, 210 responses were received, 188 (89%) surveys were from service providers and 22 (11%) were received from clients/consumers. Out of the 210 responses, 97 appointments were held via virtual platform and 91 were conducted in person. Out of 210 responses, 187 (89%) reported being “completely satisfied with the ASL services received”. The lowest score was 7 by 2 respondents and the average score was 9.83. Out of possible score of 5, DMH scored 4.90 for likelihood of recommending ASL video conferencing interpretation to others. 204 (97%) reported no issues with ASL services but 6 (3%) reported issues with client’s internet connection. 208 (99%) stated that their language needs were met and 209 (99.5%) stated that ASL interpretation was accurate.</p> <p>The goal moving forward is to receive a higher number of responses directly from service users and gather more information regarding technology issues with ASL services.</p> <p>Reminder:</p> <ul style="list-style-type: none"><li>Online form is still being used and we will be changing our mailbox to reflect our</li></ul>	<p>Dr. Sandra Chang responded the request form includes ASL services specification that client will be needing which could include sign languages from other countries.</p>	
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	<p>new name and will notify you once it has taken place.</p> <ul style="list-style-type: none"> <li>• Need minimum of 15 days to process request due to ASL shortage of interpreters. Please do not contact vendor as this causes issues with budget and processing of invoices.</li> <li>• Booking for ASL services requires a still audience. Vendors cannot follow clients to attend events, etc.</li> <li>• The LAS is not responsible for emergency LAS vendor.</li> <li>• New technology is being explored. The use of tablets will be tested out in the clinics.</li> <li>• If you are aware of cancellations, please notify our office at least 3 days in advance. The earlier the better to avoid charges.</li> </ul> <p>Please refer to attachment ARISE Division ASL, FY 22-23.PDF</p>		
<p><b>IV. TMS parameter and Training on the Trauma Informed Parameter</b></p>	<p>Helena Ditko shared there will be a training on Clinical Standards within Trauma Informed Services on September 24, 2024 from 8:30am-12:30pm. Training includes 4 CEUs. There are 3 interns this year who are focusing on gender and sexual diversity and veterans . They will be working with subject matter experts around practice parameters. Additional training dates in October and possibly November are pending.</p>		<p>Helena Ditko</p>

	<p>The Clinical Policy Committee discussed specific parameter for TMS (Transcranial Magnetic Stimulation). It falls under medication use and responsibility of specialized psychiatry. Treatment is 10 to 45 minutes by tapping on the skull of specific areas of the brain when the client is awake. Treatment is 5 days a week and can be carried over 4 to 8 weeks. It is primarily outpatient based but requires specialized referrals and monitoring. The goal for the parameter was to ensure that there are standards for Transcranial Magnetic Stimulation in the County.</p> <p>Dr. Marc Heiser is the contact person for any specific TMS questions.</p> <p>Please refer to attachment September 24-Clinical Standards within Trauma Informed Services.PDF</p>		
<p><b>V. Needs Assessment Data</b></p>	<p>Stacey Smith discussed needs assessment, identifying disparities, and creating a shared understanding of what the data is showing.</p> <p>Dr. Kara Taguchi discussed in detail the comprehensive data table that was created to analyze the data needed to identify disparities. She discussed differences in preferences for visualizations and that the goal is to figure out what we all agree on that the data is showing and the message that we send out based on it.</p> <p>Stacey Smith shared we will continue with more discussions and better ways to create</p>	<p>Jennifer Hallman asked what the prevalence rate is based on for race/ethnicity.</p> <p>Dr. Kara Taguchi shared we are using common prevalence rate across all ethnic groups, 5% for adults and 8% for children. SAPC has prevalence rates specific for each race/ethnic group based on the data they've collected over the years.</p>	<p>Stacey Smith Dr. Kara Taguchi</p>

	<p>visualizations of where we are in terms of serving our communities. We will also be bringing this on our upcoming Regional QIC meetings.</p> <p>Please refer to attachment Need Assessment PowerPoint CW QIC.PDF</p>	<p>Dr. Kara Taguchi discussed our focus is having conversations around unmet needs.</p> <p>Dr. Sandra Chang along with ARISE Division needs to represent where the unmet needs are in their Cultural Competency Plan. For people who haven't received services yet that they might be eligible, using prevalence rates is a common way to look at unmet need. How we communicate what those numbers are and what they aren't. It's exciting to be engaged in conversations about LA County population and Mental Health populations that we serve.</p> <p>Helena Ditko shared the difficulty in capturing the data and commend entire staff as this is like a moving a target.</p> <p>Dr. Kara Taguchi shared that by having the CW QIC, Regional QICs, and QA/QI meetings that we will hopefully start to make connections and get the most accurate information. By using the right information at the right time and address it quick enough to avoid addressing it only to find out it's already been resolved.</p>	
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<p><b>VI. QAPI 2024 Work Plan Goals Updates</b></p>	<p>Lauren Nakano presented on updates for HAI's 3 Work Plan Goals for 2024. She shared that their team is interested in connecting with anyone who is working on similar objectives or interventions and for those folks to reach out to them.</p> <p>Goal Va: Develop a systemwide strategy to reduce 7- and 30-day rehospitalization rates.</p> <p>There are 9 objectives. Root analysis was done over the last 2 years on 7- and 30-day rehospitalization with the help of Clinical Informatics. Clinical Informatics also created a dashboard on rehospitalizations. Health access established relationships with Managed Care Plans. Phase 2 pilot committee was a useful way to connect with community-based treatment teams. There were successful referrals to FSP and it will be looked at for a phase 3 intervention. Collaborating with QI in setting up data metrics for Phase 3 will be a big focus going forward.</p> <p>Goal Vb: Increase Bed Capacity in Subacute Facilities by reducing time to step clients down into lower levels of care. Goal is aligned with the recommendation from HMA report. Focused data system tracks DMH beds shortage across levels of care which is regularly reported on a quarterly basis. Kim Foster from ICD is collaborating with QI and Alex Silva from FSP to design a QIP around this.</p>	<p>Helena Ditko wondered how much families are involved.</p> <p>Lauren Nakano shared the role of families and conservators to transition clients to each level of care is an important part of the discussion and will be looked at to incorporate into phase 3.</p> <p>Nicole Gutman inquired if the rehospitalization rate differs from Managed Care and DMH.</p> <p>Lauren Nakano shared they have not looked at it yet. They will be going to pull clients from our side and match to clients in Managed Care plans.</p> <p>Nicole Gutman wondered if any trends have been noticed when it comes to housing status and substance use as it relates to rehospitalization rates.</p>	<p>Lauren Nakano / Susan Blackwell</p>
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	<p>Goal VI: Monitor Provider Appeals.</p> <p>They have seen a steady increase in TARs approved from 2020 to 2023 and will continue to monitor it. Calendar Year 2023 showed a 97% approval and 75% approval at 1<sup>st</sup> appeal.</p> <p>Concurrent authorization will be operational at all hospitals by the end of the year in 2025. DMH and HAI unit are supporting non-contracted hospitals to begin the concurrent review process. We have about 30% non-contracted hospitals utilizing concurrent and the remaining 70% are waiting on Medi-Cal certification to begin the process.</p> <p>Please refer to attachment HAI Unit QIC Presentation 9.16.24.PDF</p>	<p>Lauren Nakano shared they have not identified those trends yet.</p> <p>Dr. Kara Taguchi stated we can discuss with Clinical Informatics as unhoused clients are mostly in our directly operated programs. The managed care plans may have some of our clients getting follow up there. The Managed Care Plan may be able to exchange data as we try to understand and see if our clients are being served but in different systems. This may improve our overall numbers.</p>	
<p><b>Service Area Updates (below):</b></p>			
SA 1	Next meeting will be September 23, 2024 at 1pm-2pm.		Jennifer Mize
SA 2	Last meeting was in August 2024. Next meeting will be held this Thursday at 10am and they will be discussing data to inform treatment and a clinical presentation by Dr. Lynetta Shonibare.		Michelle Rittel
SA 3	Next QIC meeting will be this Thursday at 9:30am and later this morning they will be having planning committee for Wednesday's meeting. Maria Moreno requested clarification of new QIC meeting structure.	It was clarified that CW QIC will continue to be monthly and Regional QICs will be an additional meeting that is quarterly. SA QICs will stop after this month.	Maria Moreno



SA 4	<p>In the last SA 4 QIC, they discussed QA processes, documentation focusing on CalAIM, and training how to address combined services. There were questions about billing Medi-Cal and other agencies shared the ways they handle it. There was also confusion around the problem list. PIP updates were discussed. Next meeting will be tomorrow. Some providers who attend multiple SA QIC meetings gave feedback that they are happy that they will now be consolidated into Regional QICs</p>		Nicole Gutman
SA 5	<p>Last meeting was in August. Regional meeting links have been shared with SA QIC members and no questions have arisen as of yet.</p>		Misty Aronoff
SA 6	<p>Next meeting will be on the 26<sup>th</sup>.</p>		Socorro Gertmenian
SA 7	<p>Last meeting in August was productive. Carmen Solis is a new SA 7 Chair.</p>		Greg Tchakmakjian
SA 8	<p>Next meeting will be this Wednesday the 18<sup>th</sup>. Do people need to attend both Regional meetings? Will this meeting include QA?</p>	<p>Stacey Smith shared that you only need to attend one Regional QIC the North or the South.</p> <p>Dr. Kara Taguchi shared that main focus of having Regional meetings instead of individual SA QICs is to prevent just repeating information. There will still be QA element and we will continue to work with Jennifer Hallman and Nikki Collier.</p> <p>Dr. Kara Taguchi stated that there will no longer be SA QIC meetings. The North and South Regional</p>	Ann Lee

		meeting will take over and will be quarterly.	
<b>Open Forum</b>	Theodore W. Wilson shared from Patients' Rights Office that more providers are logging into the Change of Provider application but some providers still aren't using it. Please reach out to Theodore W. Wilson if you have any questions or assistance using the portal.	Socorro Gertmenian thanked Patients' Rights Office for supporting her organization. They created a SharePoint to avoid duplicative work. It improved their internal process and they appreciate the reduced paperwork.  Dr. Kara Taguchi shared how great it is to hear feedback and to be able to reduce redundancy.	ALL

<b>Next Meeting:</b>	<b>October 21, 2024 from 9:00 AM to 10:50 AM</b>
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NAME	AGENCY	DMH PROGRAM
Kara Taguchi	DMH	Outcomes & Quality Improvement
Stacey Anne Smith	DMH	QI
Daiya Cunnane	DMH	QI
Rosa Franco	DMH	QI
Moses Adegbola	DMH	QI
Laarnih De La Cruz	DMH	QI
Volga Hovelian	DMH	Outcomes & Quality Improvement
Theodore (Ted) W. Wilson	DMH	Patients' Rights Office
Gwendolyn Davis	DMH	SA 5
Helena Ditko	DMH	Policy Unit
Maria Moreno (CLESGV)	DMH	SA 3
Michelle Rittel	DMH	SA 2
Linda Nakamura	Masada Homes	SA 8
Sandra Chang	DMH	ARISE Division

Angelica Sanchez	DMH	SA 4
Socorro Gertmenian	Wellnest LA	SA 6
Carmen Solis	Alma Family Services	SA 4
Nikki Collier	DMH	Quality Assurance
Greg Tchakmakjian	DMH	SA 7
Jennifer Mize	DMH	SA 1
Margaret Faye	Sycamore	SA 3
Kimber Salvaggio	DMH	SA 2
Rosalba Trias-Ruiz	DMH	SA 3
Misty Aronoff	Step Up on Second	SA 4-5
Tonica Robinson	DMH	Peer Services
Anna Galindo	The Whole Child	SA 7
Armen Yekyazarian	DMH	Quality Assurance
Ann Lee	DMH	SA 8
Berteil Eishoei	DMH	Quality Assurance
Alben Zatarain	Enki Health Service	SA 3, SA 4, SA 7
Mirna Firestone	DMH	
Courtney Stephen	MHALA	SA 1, SA 8
Wanta Yu	DMH	Quality Assurance
Eilene Moronez	Enki Health Service	SA 3
Brian Dow	DMH	Quality Assurance
Venezia Mojarro	DMH	CMMB

Respectfully Submitted,

Dr. Kara Taguchi